Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

# Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-127279587 State: Arkansas

Advertising - UL5351

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed- State Tr Num: 49086

Standard Plans 2010 Closed

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: JAMIE LUCY State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Jamie Lucy Disposition Date: 08/03/2011

Date Submitted: 06/20/2011 Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

#### **General Information**

Project Name: Medicare Supplement Advertising Status of Filing in Domicile:

Project Number: UL5351

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 08/03/2011
State Status Changed: 08/03/2011

Deemer Date: Created By: Jamie Lucy

Submitted By: Jamie Lucy Corresponding Filing Tracking Number:

Filing Description:
NAIC #: 261-69868
FEIN #: 47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

UL5351

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

This advertisement can be used in a variety of formats including, but not limited to a flyer, poster, table top ad, mailer, postcard, newspaper, brochure or electronic. It may be printed in color or black and white and the size may vary based on its use. Any change in size will not affect the content of this advertisement or conformity with applicable regulatory requirements.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Corporate Compliance and Ethics Division For Questions, please contact Carly Cole Phone: 402-351-2476; Fax: 402-351-5298 E-mail: advfilings@mutualofomaha.com

jΙ

# **Company and Contact**

#### **Filing Contact Information**

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

 Mutual of Omaha
 402-351-2476 [Phone]

 Mutual of Omaha Plaza
 402-351-5298 [FAX]

Omaha, NE 68175

**Filing Company Information** 

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance

Omaha, NE 68175 Group Name: State ID Number:

(402) 351-6910 ext. [Phone] FEIN Number: 47-0322111

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

-----

# **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

United of Omaha Life Insurance Company \$50.00 06/20/2011 48875330

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

# **Correspondence Summary**

#### **Dispositions**

Status Created By Created On Date Submitted

Filed-Closed Stephanie Fowler 08/03/2011 08/03/2011

**Objection Letters and Response Letters** 

**Objection Letters Response Letters Status Date Submitted Created By** Created On Date Submitted **Responded By Created On** Pending Stephanie Jamie Lucy 07/25/2011 07/13/2011 07/13/2011 07/25/2011 Fowler Industry Response

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

# **Disposition**

Disposition Date: 08/03/2011

Implementation Date: Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Tung Company. Onned of Omana Life Insura

Company Tracking Number:

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

JAMIE LUCY

**Schedule** Schedule Item Schedule Item Status Public Access Supporting Document (revised) Memorandum of Variability Filed-Closed Yes **Supporting Document** Memorandum of Variability Replaced No Form (revised) Print Ad Filed-Closed Yes **Form** Print Ad Replaced No

Company Tracking Number: JAMIE LUCY

TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

# **Objection Letter**

Objection Letter Status Pending Industry Response

Objection Letter Date 07/13/2011
Submitted Date 07/13/2011
Respond By Date 08/15/2011

Dear Carly Cole,

This will acknowledge receipt of the captioned filing.

#### Objection 1

- Print Ad, UL5351 (Form)

Comment: 1st page, footnote under rate chart - Since the rates in Arkansas are to be community based, please remove the "Age 66" comment and expand the "In LA" comment to include Arkansas.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

## **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 07/25/2011 Submitted Date 07/25/2011

Dear Stephanie Fowler,

#### Comments:

Thank you for your ongoing review of this filing. I will respond to the concern(s) from your objection letter dated July 13, 2011. I will address each objection in the order as they appear in your letter.

#### Response 1

Comments: 1. First page, footnote under rate chart - Since the rates in Arkansas are to be community based, please remove the "Age 66" comment and expand the "In LA" comment to include Arkansas. -- The following language has been added: [In LA, AR: During Open Enrollment tobacco users may receive nontobacco ratings.] The Age 66 information is variable and will not be used in Arkansas.

#### **Related Objection 1**

Applies To:

- Print Ad, UL5351 (Form)

#### Comment:

1st page, footnote under rate chart - Since the rates in Arkansas are to be community based, please remove the "Age 66" comment and expand the "In LA" comment to include Arkansas.

#### **Changed Items:**

#### **Supporting Document Schedule Item Changes**

Satisfied -Name: Memorandum of Variability

Comment:

#### Form Schedule Item Changes

Form Name	Form	Edition	Form Type	Action	Action	Readabili	ity Attach
	Number	Date			Specific	Score	Document
					Data		
Print Ad	UL5392		Advertising	Initial		0.000	UL5392

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351

Project Name/Number: Medicare Supplement Advertising/UL5351

AR Inq

clean.pdf

**Previous Version** 

Print Ad UL5351 Advertising Initial 0.000 UL5351\_B

rackets.pd

f

No Rate/Rule Schedule items changed.

Your further review and approval of this submission will be most appreciated. If I may be of additional assistance, please feel free to contact me.

Sincerely, Jamie Lucy

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

#### Form Schedule

Lead Form Number: UL5351

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
Filed-	UL5392	Advertising Print Ad	Initial		0.000	UL5392 AR
Closed						Inq clean.pdf
08/03/2011	1					

## United of Omaha Life Insurance Company

A MUTUAL of OMAHA COMPANY Mutual of Omaha Plaza, Omaha, NE 68175



# 3 Things to think about when choosing Medicare supplement insurance...

- 1. Savings
- 2. Service
- 3. Company reputation

# [ Apply Today! ]

#### [Dear Pat Q. Sample,]

If you're over age 65 then chances are you're familiar with Medicare. You know that as good as Medicare is, there are out-of-pocket expenses that are your responsibility. And, if you're like many Americans, you may have concerns about how you're going to pay for Medicare and rising health care costs in the future – and the potential impact on your retirement savings.

# Help protect and maximize your retirement savings with a United of Omaha Life Insurance Company Medicare supplement insurance policy.

Whether you're selecting a Medicare supplement plan for the first time, or considering switching plans, the process can be confusing. Different companies offer similar benefits from plan to plan. So what should you look for when considering Medicare supplement plans? Low rates, great service and a brand name you know and trust.

#### We have some of the most competitive rates in the country.

Check out our rates and you'll see ... we offer competitive rates in your area! Just look at these sample rates\* for two of our plans. You may even qualify for a household premium discount. See the Frequently Asked Questions, located in the brochure, for more details.

	[MA	ALE]	[FEMALE]		
PLAN	Nontobacco	Tobacco	Nontobacco	Tobacco	
[ Plan F ]	[\$00.00 a month]	[\$00.00 a month]	[\$00.00 a month]	[\$00.00 a month]	
[ Plan G ]	[\$00.00 a month]	[\$00.00 a month]	[\$00.00 a month]	[\$00.00 a month]	

<sup>\*</sup>Rates are subject to change. [Rates shown are for [Age 66].] [In LA, AR: During Open Enrollment, tobacco users may receive nontobacco ratings.] [In TN, during Open Enrollment and Guaranteed Issue periods, only nontobacco rates apply.]

We also work diligently to keep our rates among the most reasonable in the industry. In order to keep our rates affordable we make use of Class I and Class II ratings. This means if you're no longer in your open enrollment or guaranteed issue period, and if according to our underwriting standards, you're overweight or underweight for your height, you will be considered to be a greater insurable risk. In such case, your premium will be adjusted either [10%] or [20%] higher than the rates illustrated in the enclosed Outline of Coverage. If your weight is in the decline column, we're sorry, you're not eligible for coverage. See the Calculate Your Premium worksheet for more information.

UL5392 (over, please)

#### Our service is second to none.

Our friendly, professional and knowledgeable licensed insurance agents can help answer additional questions you have regarding Medicare supplement insurance. Let our experience work for you.

#### We're a company you can trust.

When you own a United of Omaha Medicare supplement policy (an affiliate of Mutual of Omaha Insurance Company), you get strength and stability and outstanding service. [United of Omaha Life Insurance Company is rated [A+ SUPERIOR] [(as of 07/2011)] by A.M. Best Rating Company, for overall financial strength and ability to meet ongoing obligations to policyholders.]

#### Receive a 30-day free look period.

It's easy to apply for a United of Omaha Medicare supplement insurance policy. Take a look at the enclosed materials which feature our available plans. Check out our rates and you'll find we offer an exceptional value. [Then, simply fill out the enclosed application and return it [along with your first month's premium] in the postage-paid envelope provided.] If you're not completely satisfied just return it within 30 days — no questions asked. Any premium payments, less claims paid, will be promptly refunded.

Sincerely,

John R. O'Malley

Director, Marketing Services

Licensed Agent

P.S. When you select a United of Omaha Medicare supplement insurance policy, you'll be covered as soon as your application is approved. There is no waiting period. Benefits will be paid from the time your policy is in force. [Complete and mail your enclosed application today.]

# **Important Information**

You can replace your existing Medicare supplement insurance without losing a single day of protection. Just complete and return the enclosed application and satisfy the application process. But please do <u>not</u> cancel your existing coverage until you have actually received your new insurance policy and are sure it's right for you. Remember, if you are not 100% satisfied, you can return your policy within 30 days for a full refund. Any premium payments, less claims paid, will be promptly refunded.

# [Questions] [Call [1-800-865-2674]]

[Monday - Thursday 7:00 a.m. - 8:00 p.m. • Friday 7:00 a.m. - 7:00 p.m. • Saturday 7:30 a.m. - 4:00 p.m. C.S.T.] [www.unitedofomaha.com]

Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. **Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.** United of Omaha Life Insurance Company is licensed nationwide, except in NY and is solely responsible for its financial and contractual obligations.

Policy forms: UM20, UM21, UM22, UM23, UM24 and UM30 or state equivalent. Not all policy forms may be available in every state. These policies have exclusions, limitations and reductions. In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age.

This is a solicitation of insurance and an agent may contact you by telephone. By responding, you're requesting a licensed insurance agent contact you by telephone to provide additional information.

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

# **Supporting Document Schedules**

Item Status: Status

Date:

Satisfied - Item: Memorandum of Variability Filed-Closed 08/03/2011

Comments:

Attachment:

UL5392 MOV AR Inq clean.pdf

# **VARIABLE MATERIAL FOR ADVERTISING FORM**

Form Number: UL5392

The following information in the aforementioned advertisement is bracketed to denote variable fields.

Variable and Location Explanation

Variable and Location	Explanation			
[Apply Today!] – Copy in Blue box, top, center of 1 <sup>st</sup> page	One of the following statements will be used:			
	<ul><li>a) Apply Today!</li><li>b) Compare Rates - Apply Today! (Will not be used in ID)</li><li>c) Check Out our Rates!</li></ul>			
	d) Compare and Save! (Will not be used in ID) e) It's Easy To Apply!			
	f) Apply for your Medicare Supplement insurance policy today!			
	<ul> <li>g) Apply now and start saving today!</li> <li>h) Complete and return your application today!</li> <li>i) Call to apply!</li> </ul>			
	j) It's easy to apply-just call [1-800-000-0000] to apply by phone! Phone number may vary.			
[Dear Pat Q. Sample,] – opening of letter	One of the following options will be used:  a) Dear "Pat Q. Sample" (for personalization)  b) Dear "Friend"			
[Plan and Rates] – male and female chart towards bottom of page	Variable fields will be personalized for customers based on zip code, age and gender. Rates used will be the current filed and approved rates with the state.  Gender will not be used in ID.  Age, gender will not be used in AR, will use "Rate" on chart in place of gender.			
[Rates shown are for [Age 66].] located under plan and rates table on front page	Will not use in states where reference to age is not permitted, currently AR. Age may vary.			
[In LA, AR: During Open Enrollment tobacco users may receive nontobacco ratings.]-located under chart on 1 <sup>st</sup> page.	Statement will be left if if mailing LA and/or AR and will be removed if LA and/or AR are not being mailed.			
[In TN, during Open Enrollment and Guaranteed Issue periods, only nontobacco rates apply.] .]-located under chart on 1 <sup>st</sup> page.	Statement will appear if mailing TN or will be removed if TN is not being mailed.			
[Percentages] in last paragraph on front of page 1	These percentages are variable to allow for any sub-standard (class I or class II) rating adjustments from the outline of coverage.			
[United of Omaha Life Insurance Company is rated [A+ SUPERIOR][(as of 03/2011)] by A.M. Best] – last sentence in second paragraph of page 2	This entire line will either be  a) left in, if states permit reference to ratings b) or completely taken out Within the variable the rating and date attained will be updated as needed			
[Then, simply fill out the enclosed application] Paragraph under 3 <sup>rd</sup> subheading.	One of the following statements will be used:  a) Then simply fill out the enclosed application and return it [along with your first month's premium' in the postage-paid envelope provided. Or,  b) Then, call [1-800-000-0000] to apply by phone. It's that easy.			

	Phone number may vary.
[along with your first month's premium] – Middle of paragraph under 3rd sub-heading, page 2	This entire line will either be  a) left in  b) or completely taken out
[Complete and mail your enclosed application today.] last sentence in P.S. under signature block on page 2.	One of the following statements will be used:  a) Complete and mail your enclosed application today.  b) Complete and mail your enclosed application today or call [1-800-000-0000] to apply by phone!  Phone number may vary.
Signature, Licensed Agent Name, Title [John R. O'Malley] [Director, Marketing Services] [Licensed Agent]— Mid section of page 2	First and last name of the licensed agent. Agent's position within the company. All solicitation letters will be signed by a licensed agent.
[Questions] – verbiage under shaded box, lower portion of page 2	One of the following statements will be used or the entire line will be left out  a) Questions b) To Apply: c) Apply by Phone!
Call [1-800-XXX-XXXX] – verbiage toward bottom of page 2	Phone number may change.
[Monday – Thursday] verbiage toward bottom of page 2	Days and/or time may change.
[or visit us at [www.unitedofomaha]] – verbiage toward bottom of page 2	One of the following statements will be used:  a) Or visit us at [www.unitedofomaha.com] b) For more information or to apply online, visit us at [www.unitedofomaha.com] c) Apply online at [www.unitedofomaha.com]  "For more information or to apply online, visit us at" or Apply online at" are future options when Company websites support online applications. Appropriate actions will be taken to ensure application and other materials are compliant. This URL or an approved Company website URL will be used or no website URL will appear.

Company Tracking Number: JAMIE LUCY

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010

Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5351
Project Name/Number: Medicare Supplement Advertising/UL5351

# **Superseded Schedule Items**

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:

Schedule Schedule Item Name
Replacement
Creation Date

O6/16/2011
Supporting Memorandum of Variability
Document

O7/25/2011
UL5351\_Memo of Var.pdf
(Superceded)